

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |   |  |   |
|--|---|--|---|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 ACCOUNT #<br>(Ethics Commission filers)  | 2 Total pages filed:<br><div style="text-align: center; font-size: 2em;">4</div>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.2em;">Richard A</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Weber</div>   |  | <div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div> |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="text-align: center; font-size: 1.2em;">2703 Crestmoor Ct<br/>Arlington, Tx 76016</div>  |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="text-align: center; font-size: 1.2em;">(817) 496-3734</div>   |  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.2em;">Richard A</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Weber</div>   |  |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="text-align: center; font-size: 1.2em;">2703 Crestmoor Ct, Arlington, Tx 76016</div>  |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="text-align: center; font-size: 1.2em;">(817) 496-3734</div>   |  |   |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> </div> |  |   |
| 10 PERIOD COVERED  | Month Day Year Month Day Year<br><div style="text-align: center; font-size: 1.2em;">03 / 12 / 2007 THROUGH 04 / 02 / 2007</div>   |  |   |
| 11 ELECTION  | <div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE<br/>           Month Day Year<br/> <div style="text-align: center; font-size: 1.2em;">05 / 12 / 2007</div> </div> <div style="flex: 1;">           ELECTION TYPE<br/> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>   |  |   |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><div style="text-align: center; font-size: 1.2em;">Arlington City Council</div> |   |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS                            | <div> <div>           ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</div> </div> <div style="margin-top: 10px;"><input type="checkbox"/> additional pages</div>   |  |   |
| GO TO PAGE 2   |   |  |   |

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Richard Weber

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 141.58

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

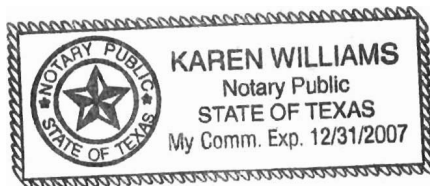
\$ 58.42

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 200.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Weber, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# LOANS

## SCHEDULE E

|   |  |  |                                    |
|---|--|--|------------------------------------|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule E: <b>1</b>     |                                    |
| 2 FILER NAME<br><b>Richard Weber</b>                                    |  | 3 ACCOUNT # (Ethics Commission filers) |                                    |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                   |  |  | \$ <b>0</b>                        |
| 5 Date of loan<br><b>3-12-07</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Weber</b>      |  | 9 Loan Amount (\$)<br><b>100</b>   |
| 6 Is lender a financial Institution?<br><br>Y <b>(N)</b>                | 8 Lender address;    City;    State;    Zip Code<br><b>2703 Crestmoor Ct<br/>Arlington, Tx 76016</b> |  | 10 Interest rate<br><b>0</b>       |
|   |  |  | 11 Maturity date<br><b>3-12-08</b> |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)         |                                    |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  |  |                                    |
| 15 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 16 Name of guarantor<br><br>.....<br>17 Guarantor address;    City;    State;    Zip Code            |  | 18 Amount Guaranteed (\$)          |
| 19 Principal Occupation   |  | 20 Employer                            |                                    |
| Date of loan<br><b>3-26-07</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Weber</b>        |  | Loan Amount (\$)<br><b>100</b>     |
| Is lender a financial Institution?<br><br>Y <b>(N)</b>                  | Lender address;    City;    State;    Zip Code<br><b>2703 Crestmoor Ct<br/>Arlington, Tx 76016</b>   |  | Interest rate<br><b>0</b>          |
|   |  |  | Maturity date<br><b>3-26-08</b>    |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)            |                                    |
| Description of Collateral<br><input type="checkbox"/> none              |  |  |                                    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>.....<br>Guarantor address;    City;    State;    Zip Code                  |  | Amount Guaranteed (\$)             |
| Principal Occupation  |  | Employer                               |                                    |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Richard Weber

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/07

5 Payee name

City of Arlington

7

Amount (\$)

100

6 Payee address; City; State; Zip Code

101 W Abram  
Arlington Tx 76010

8 Purpose of payment (See instructions regarding type of information required.)

FILING FEE

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/26/07

Payee name

Office Depot

Payee address; City; State; Zip Code

401 S.W. Plaza  
Arlington Tx 76016

Amount (\$)

41.58

Purpose of payment (See instructions regarding type of information required.)

PRINTING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED